

Victims of Crime Compensation Office  
Third Party Disclosure Consent Form

By executing this Third Party Disclosure Consent Form, I hereby grant the Victims of Crime Compensation Office express authorization to discuss any and all aspects of **claim number** \_\_\_\_\_, with the below listed individual:

\_\_\_\_\_  
Name (Third Party)

\_\_\_\_\_  
Relationship to the claimant

\_\_\_\_\_  
Mailing address

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Last 4 digits of Social Security #

I understand that I must provide the date of birth and last four digits of the Social Security number of my designated representative in order for the Victims of Crime Compensation Office to verify the identity of said representative. I further understand that I may revoke this consent to disclose at any time by forwarding a written request to the VCCO advising the office that I no longer wish the above referenced individual to act on my behalf.

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature